



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

April 6, 2012

ALL-COUNTY LETTER NO.: 12-17

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) FRAUD DATA REPORTING
FORM SOC 2245

REFERENCE: COUNTY FISCAL LETTER No. 11/12-19, DATED SEPTEMBER
16, 2011, COUNTY FISCAL LETTER No. 10/11-34, DATED
NOVEMBER 23, 2010, COUNTY FISCAL LETTER No. 09/10-37,
DATED DECEMBER, 10, 2009 AND COUNTY FISCAL LETTER No.
09/10-33, DATED OCTOBER 29, 2009.

PURPOSE

This All-County Letter (ACL) is to clarify county In-Home Supportive Services (IHSS) fraud and program integrity data reporting requirements pursuant to legislation enacted in 2009. Additionally, this ACL transmits the new IHSS Fraud Data Reporting Form (SOC 2245), instructions and reporting timeline.

BACKGROUND

The state Budget Acts of 2009 and 2010 appropriated funding for IHSS fraud referral, investigation and program integrity efforts. Counties that submitted anti-fraud plans and received fraud funding are required to submit data to California Department of Social Services (CDSS) pursuant to the specifications in the Data Reporting Spreadsheet (Enclosure D) of the County Board of Supervisors Letter. Receipt of IHSS fraud prevention funding was voluntary by counties.

In 2009, Assembly Bill 19, Fourth Extraordinary Legislative Session (ABX4 19) (Chapter 17, Statutes of 2009) was also enacted. The legislation added Welfare and Institutions Code, Section 12305.82(d), requiring counties to report to CDSS when they conclude that there is reliable evidence that fraud has been committed. To facilitate the required fraud data reporting, an allocation for "IHSS Anti-Fraud Initiative (later

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

changed to 'IHSS Program Integrity') County Investigation" was implemented beginning in Fiscal Year (FY) 2009/10. The implementation of this reporting requirement applies to all counties, not just those that received IHSS fraud prevention funding tied to county anti-fraud plans.

FORM DEVELOPMENT

In developing the new reporting form, CDSS reviewed the data submitted by counties on Enclosure D for the reporting period FY 2009/10. The review revealed that many, if not all of the participating counties, were unable to provide all of the data elements and in many cases the gaps in reporting were consistent. During FY 2010/11 CDSS revised Enclosure D and recently conducted regional conference calls with county IHSS Program managers, Quality Assurance staff and representatives of county Special Investigations Units and District Attorney's offices to review and obtain feedback on the reporting form. Counties that did not receive fraud funding also participated in the conference calls. During the conference calls, CDSS surveyed the county staff and obtained agreement to utilize the new IHSS Fraud Data Reporting Form (SOC 2245) to report the FY 2010/11 fraud data, and to report to CDSS quarterly.

COUNTY RESPONSIBILITIES

Effective FY 2011/12, all counties are required to submit data to CDSS quarterly utilizing the new IHSS Fraud Data Reporting Form (SOC 2245). Data for the first three quarters of FY 2011/12 (July - September 2011, October - December 2011, and January - March 2012) is due to CDSS on April 16, 2012. Thereafter, the report will be submitted 15 days following the end of each quarter. Attached is the IHSS Fraud Data Reporting Form (SOC 2245) and instructions for completing the form. Claiming instructions are outlined in County Fiscal Letter No. 09/10-37.

Questions regarding this ACL or the reporting form should be directed to Quality Assurance Research and Program Integrity Unit at (916) 651-3494, or by email at IHSS-PI@dss.ca.gov.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachment